

Report Title:	<b>Q1 2018/19 Performance Report</b>
Contains Confidential or Exempt Information?	NO - Part I
Member reporting:	Councillor M Airey, Deputy Lead Member for Performance Management
Meeting and Date:	Adult Services and Health Overview and Scrutiny Panel, 20 September 2018
Responsible Officer(s):	Angela Morris, Deputy Director of Adult Services and Hilary Hall, Deputy Director Strategy and Commissioning
Wards affected:	All

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## REPORT SUMMARY

1. The summary of the Quarter 1 2018/19 performance of the council's performance management framework (PMF) shows five of the ten measures reported to the Adults Services and Health Overview and Scrutiny Panel have met or exceeded their target (one a quarter in arrears), four measures are just short of target (within tolerance) and one measure is off target, see table 1 and Appendix A
2. A summary of the 2017/18 year end performance is outlined in table 2 and Appendix B. Of the 11 measures reported to the Panel in 2017/18, seven met or exceeded their target, two were just short of target (within tolerance) and two were off target.

## 1. DETAILS OF RECOMMENDATION(S)

**RECOMMENDATION:** That the Adult Services and Health Overview and Scrutiny Panel notes the report and:

- i) **Endorses the 2018/19 Performance Management Framework, outlined in paragraph 2.5 and appendix A.**
- ii) **Requests relevant Lead Members and Heads of Service focus effort to improve performance in areas of current underperformance.**

## 2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

2.1 In November 2017 Cabinet approved the council's Performance Management Framework (PMF) of 25 key measures aligned to its refreshed Council Plan with six strategic priorities over the plan period 2017-21:

- Healthy, skilled and independent residents
- Safe and vibrant communities.
- Growing economy, affordable housing.
- Attractive and well-connected borough.
- Well-managed resources delivering value for money.
- An excellent customer experience.

- 2.2 Cabinet also recommended quarterly performance reporting of additional measures to the appropriate Overview and Scrutiny Panel. This report summarises the quarterly and year end performance of those measures for 2017/18 and the Quarter 1 Performance for 2018/19.

**Quarter 1 performance 2018/19**

- 2.3 In 2018/19, ten measures will be reported to the Adult Services and Health Overview and Scrutiny Panel; five of these have met or exceeded the target in the first quarter, see table 1 and appendix A. Four measures are just short of the target (within tolerance) and one measure is off target.

**Table 1 Q1 Performance 2018/19**

Measure	Red	Amber	Green
1.1.2 Percentage of persons offered a NHS health-check from the target cohort (40-74yrs)			1 (Quarter in arrears)
1.1.4 Percentage of successful treatment completions (alcohol)			1
1.1.5 Percentage of successful treatment completions (opiates)		1	
1.1.6 Percentage of successful treatment completions (non-opiates)		1	
1.4.1 Number of permanent admissions to care for those aged 65+yrs			1
1.4.2 Rate of delayed transfers of care, per 100,000 population, which are attributable to Adult Social Care			1
1.4.3 Percentage of rehabilitation clients still at home 91 days after discharge from hospital	1		
1.5.1 Percentage of current carers assessed or reviewed in the last 12mths		1	
1.5.3 Number of carers supported by dedicated services directly commissioned by RBWM		1	
2.1.4 Percentage of adult safeguarding service users reporting satisfaction			1
<b>Total</b>	<b>1</b>	<b>4</b>	<b>5</b>

- 2.4 Detailed performance for all measures is in appendix A including commentary for measure 1.4.3 which is currently off target (out of tolerance). Further work is being done on data for this measure, as the cohort of patients in some cases includes those who are palliative and therefore unlikely to be at home after 91 days. For measures 1.1.5 and 1.1.6 which are amber, the number of service users is small which can impact the percentages significantly. For example, it would only require an increase of five people in each of the categories to complete treatment successfully, for the council to be in the Top Performing Quartile nationally.
- 2.5 In 2018/19 a new measure has been introduced (1.5.3) to replace measure (1.5.2) see table 2 and appendix B to better reflect the wider range of support

services offered to carers. Measure 1.1.3 Number of successful smoking quit attempts will not be reported in 2018/19 because this is not measured through the contract. Additionally, some targets have been revised for 18/19 to reflect business intelligence about the council's performance and to bring in line the council's targets in its performance framework with those in the council's contracts. This ensures a robust approach to continued performance improvement, see appendix A.

### 2017/18 performance

- 2.6 In 2017/18 of the 11 performance measures; seven met or exceeded their target, two were just short of target (within tolerance) and two were off target, see table 2 and appendix B.

**Table 2 Year End Performance 2017/18**

Measure	Red	Amber	Green
1.1.2 Percentage of persons offered a NHS health-check from the target cohort (40-74yrs)			1
1.1.3 Number of successful smoking quit attempts			1
1.1.4 Percentage of successful treatment completions (alcohol)			1
1.1.5 Percentage of successful treatment completions (opiates)		1	
1.1.6 Percentage of successful treatment completions (non-opiates)			1
1.4.1 Number of permanent admissions to care for those aged 65+yrs			1
1.4.2 Rate of delayed transfers of care, per 100,000 population, which are attributable to Adult Social Care			1
1.4.3 Percentage of rehabilitation clients still at home 91 days after discharge from hospital		1	
1.5.1 Percentage of current carers assessed or reviewed in the last 12mths	1		
1.5.2 Number of carers supported through social prescribing	1		
2.1.4 Percentage of adult safeguarding service users reporting satisfaction			1
<b>Total</b>	<b>2</b>	<b>2</b>	<b>7</b>

- 2.7 Performance for all measures, including commentary for those off target, is detailed in appendix B.

### Options

**Table 3: Options arising from this report**

Option	Comments
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Option	Comments
Endorse the evolution of the performance management framework focused on embedding a performance culture within the council and measuring delivery of the council's six strategic priorities. <b>Recommended option</b>	Evolving the performance management framework as part of the council's focus on continuous performance improvement provides residents and the council with more timely, accurate and relevant information.
Failure to use performance information to understand the council and evolve services and reporting. <b>Not the recommended option.</b>	Without using the information available to the council to better understand its activity, it is not possible to make informed decisions and is more difficult to seek continuous improvement and understand delivery against the council's strategic priorities.

### 3. KEY IMPLICATIONS

3.1 The key implications of the report are set out in table 4.

**Table 4: Key Implications**

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
The council is on target to deliver all six strategic priorities.	<100% of priorities on target.	100% of priorities on target.			31 March 2019

### 4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 No financial implications.

### 5. LEGAL IMPLICATIONS

5.1 No legal implications.

### 6. RISK MANAGEMENT

6.1 The risks and their control are set out in table 5.

**Table 5: Impact of risk and mitigation**

Risks	Uncontrolled risk	Controls	Controlled risk
Poor performance management processes in place causing a	HIGH	Robust performance management within services to embed a performance management	LOW

<b>Risks</b>	<b>Uncontrolled risk</b>	<b>Controls</b>	<b>Controlled risk</b>
lack of progress towards achieving the council's strategic aims and objectives.		culture and effective and timely reporting.	

## **7. POTENTIAL IMPACTS**

- 7.1 There are no Equality Impact Assessments or Privacy Impact Assessments required for this report.

## **8. CONSULTATION**

- 8.1 Comments from the Adult Services and Health Overview and Scrutiny Panel will be reported to Lead Members and Heads of Service.

## **9. TIMETABLE FOR IMPLEMENTATION**

The full implementation stages are set out in table 6.

**Table 6: Implementation timetable**

<b>Date</b>	<b>Details</b>
Ongoing	Comments from the Panel will be reviewed by Lead Members and Heads of Service.
22 November 2018	Q1 and Q2 Performance report to Cabinet and available for Overview and Scrutiny Panels at relevant meetings.

## **10. APPENDICES**

- 10.1 This report is supported by two appendices:
- Appendix A: Adult Services and Health Performance Report Q1 2018/19
  - Appendix B: Adult Services and Health Performance Report 2017/18

## **11. BACKGROUND DOCUMENTS**

- 11.1 This report is supported by one background document:
- Council Plan 2017-21:  
[https://www3.rbwm.gov.uk/downloads/file/3320/2017-2021\\_-\\_council\\_plan](https://www3.rbwm.gov.uk/downloads/file/3320/2017-2021_-_council_plan)

## **12. CONSULTATION (MANDATORY)**

<b>Name of consultee</b>	<b>Post held</b>	<b>Date sent</b>	<b>Date returned</b>
Cllr M Airey	Deputy Lead Member for Performance Management	12/9/18	12/9/18
Alison Alexander	Managing Director		

<b>Name of consultee</b>	<b>Post held</b>	<b>Date sent</b>	<b>Date returned</b>
Rob Stubbs	Section 151 Officer		
Elaine Browne	Head of Law and Governance		
Nikki Craig	Head of HR and Corporate Projects		
Louisa Dean	Communications		
Russell O'Keefe	Executive Director		
Andy Jeffs	Executive Director		
Kevin McDaniel	Director of Children's Services		
Hilary Hall	Deputy Director of Commissioning and Strategy	10/9/18	10/09/18
Angela Morris	Deputy Director of Adult Services	10/9/18	

## **REPORT HISTORY**

<b>Decision type:</b> Non-key decision	<b>Urgency item?</b> No	<b>To Follow item?</b> No
Report Author: Anna Robinson, Strategy & Performance Manager		